

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-190030

**Home Name:** Shella Marie Valencia, NA

**Review ID:** 1-190030-4

91-1025 Leleoi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/15/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c) No proof of in-service training annually for CG 1, 2, 3 and 4 and 5

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) Client # 2 was evaluated in November by [REDACTED]. It is not addressed in service plan or delegations

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1) There is no signed MD orders for client # 1

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) internal emergency management policies has not been signed by caregivers 2,3, 4 and 5

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

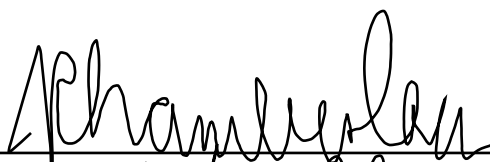
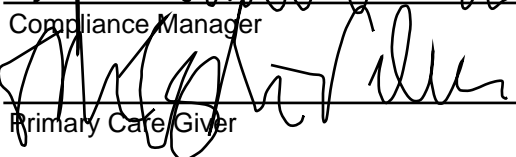
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

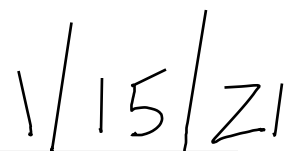
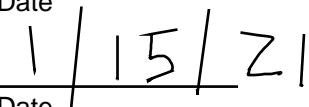
Comment:

54.(c)(2) Service plan for client #1 or # 2 is not signed by client or POA

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list is missing [REDACTED] as on service plan

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Shella Marie Valencia

(PLEASE PRINT)

CCFFH Address: 91-1025 Leleoi St Ewa Beach HI 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(C)	Caregiver requested for copies of all certificate of attended inservice hours of both primary and substitute caregivers and filed them in binder.	01/30/21	Primary caregiver shall maintain documentation of trainings attended by all caregivers, Primary caregiver will make sure to have copies ready and on file before anual and walk in visits.
43(c)3	Patient was seen by [REDACTED] [REDACTED] PCG scheduled a televisit with Doctor, no changes in [REDACTED]	01/27/21	Primary Caregiver will inform CMA to update clients service plan once clients PCP gives orders and changes in clients care plan.
47(d)1	PCG obtained a Signed MD Order from client#1 PCP.	01/27/21	I will obtain a copy of all new PCP orders prior to leaving the office following a client visit.
50(a)	PCG had the documented internal emergency managemnet policies and procedures for emergency situations signed by caregivers 2,3,4 and 5.	01/28/21	All new CGs will be trained on the emergency management policy prior to working at the CCFFH.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Shella Marie Valencia

Date: 02/11/21

☒ CTA has reviewed all corrected items



CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)

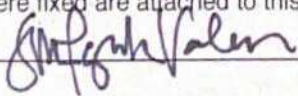
Chapter 11-800

PCG's Name on CCFFH Certificate: Shella Marie Valencia  
(PLEASE PRINT)

CCFFH Address: 91-1025 Leleoi St. Ewa Beach HI 96706  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54c(2)	Service plan for clients 1 and 2 were signed by POA.	02/1/21	PCG shall always remind herself to have POA of clients to sign clients service plan everytime there are changes and updates.
54c(6)	Made checklist specifically [REDACTED] for client.	01/19/21	CG will review documentation at the end of each day to make sure charts are complete.
54c(5)	PCG Discussed with CMA nurse regarding mismatch on Prescription labels and MAR.CMA RN corrected errors on MAR.	01/21/21	PCG shall always to make sure MAR And Prescription label match. No medication error has occurred because PCG followed Prescription label and MD Orders given by clients PCP.PCG Shall always discuss more with CMA for specific changes on MD Orders.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 02/11/21

☒ CTA has reviewed all corrected items